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APR 12 2005

Application Number : 10/712,091 Confirmation No. 8232
Applicant : UNDERWOOD et al.
Filed : November 14, 2003
Tech Center/AU : 2832
Examiner : Bernard Rojas
Entitled : SWITCHABLE PERMANENT MAGNETIC DEVICE
Attorney Reference : 030408-0306844
Customer Number : 00909

CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Bernard Rojas at the U.S. Patent and Trademark Office at (703) 872-9306 on the date shown below:

- Fee Transmittal
- Request for Continued Examination (RCE)
- Amendment with Request for Continued Examination Under 37 C.F.R. §1.114

Respectfully submitted,

PILLSBURY WINTHROP SHAW PITTMAN LLP



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Date: April 12, 2005

TOTAL NUMBER OF PAGES IN FACSIMILE: 13

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PTO/SB/17 (12-04)

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known Application Number <u>10/712.091</u> Filing Date <u>November 14, 2003</u> First Named Inventor <u>PERRY JOHN UNDERWOOD</u> Examiner Name <u>Bernard Rojas</u> Art Unit <u>2832</u> Attorney/Doct No. <u>030408-0306844</u>	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) <u>790</u>			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 033975 Deposit Account Name PILLSBURY WINTHROP LLP
 For the above identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	100	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: 24 Extra Claims: 0 Fee (\$): 0.00 Fee Paid (\$): 0.00
 HP = highest number of total claims paid for, if greater than 20
 Independent Claims: 1 Extra Claims: 0 Fee (\$): 0.00 Fee Paid (\$): 0.00
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets: 100 Extra Sheets: 0 Number of each additional 50 or fraction thereof: 0 Fee (\$): 0.00 Fee Paid (\$): 0.00
 (round up to a whole number) x 250.00 =

4. OTHER FEE(S)

Non-English Specification: 130 fee (no small entity discount)
 Other: Request for Continued Examination (RCE) Fee Paid (\$): 790.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>John P. Darling</i>	<u>44482</u>	<u>703.905.2045</u>
Name (Print/Type)	<u>John P. Darling</u>	Date	<u>April 12, 2005</u>

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790

Complete if Known

Application Number	10/712,091
Filing Date	November 14, 2003
First Named Inventor	PERRY JOHN UNDERWOOD
Examiner Name	Bernard Rojas
Art Unit	2832
Attorney Docket No.	030408-0306844

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ Deposit Account Deposit Account Number **033975** Deposit Account Name **PILLSBURY WINTHROP LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	100	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	350	180

Total Claims 24 **Extra Claims** Fee (\$)0 Fee Paid (\$)0.00

MP = highest number of total claims paid for, if greater than 20

Indep. Claims 1 **Extra Claims** Fee (\$)0 Fee Paid (\$)0.00

MP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$)0 Fee Paid (\$)0.00

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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 = **Extra Sheets** Number of each additional 50 or fraction thereof 0 Fee (\$)0 Fee Paid (\$)0.00

(round up to a whole number) x 250.00 =

4. OTHER FEE(S)

non-English Specification, 130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)

Fee Paid (\$)790.00**SUBMITTED BY**

Signature	<i>John P. Darling</i>	Registration No. (Attorney/Agent)	44482	Telephone	703.905.2045
Name (Print/Type)	John P. Darling	Date	April 12, 2005		

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